The Effects of Hypnotherapy on Homosexuality

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Fifteen homosexuals were treated with hypnosis. The patients were selected from a general psychiatric practice and had a long history of confirmed homosexual behaviour and showed no evidence of organic or psychotic illness. The type of hypnotic induction attempted in all cases is described. In those where a satisfactory depth of hypnotic trance was achieved a change in sexual orientation was suggested to the patient.

Before therapy, each patient was assessed using the Kinsey scale. Results were evaluated in terms of the patient's subsequent behaviour and his subjective feelings. Of the 15 patients, three showed no improvement, four showed a mild improvement and eight showed a marked improvement. There was a significant correlation between the depth of hypnosis achieved and the therapeutic outcome. Those patients who reached a deep level of hypnotic trance were most likely to show a marked improvement. There were no significant correlations with other factors such as degree of homosexuality as measured on the Kinsey scale and the patient's marital status.

Treatment of homosexuals with hypnosis may produce more satisfactory results than those obtainable by other means. The best results are likely to be achieved in patients who are good hypnotic subjects.

On a traité 15 homosexuels au moyen de l'hypnose. Ces sujets ont été choisis parmi des malades fréquentant une clinique de psychiatrie générale et avaient tous de longs antécédents de comportement homosexuel, tout en ne présentant aucun signe de maladie organique ou de psychose. L'auteur décrit le type d'induction hypnotique employé, dans tous les cas. Chez les malades où on était parvenu à obtenir une transe hypnotique de profondeur satisfaisante, on suggéra au sujet de changer d'orientation sexuelle.

Avant le traitement, chaque malade fut évalué d'après les critères de l'échelle de Kinsey. Les résultats furent évalués en fonction de leur comportement subséquent et d'après les propres sentiments subjectifs du patient. Sur les 15 sujets, trois ne furent pas améliorés, quatre présentaient une légère amélioration et huit une amélioration très nette. Il y avait une concordance notable entre la profondeur de la transe hypnotique réalisée et les résultats thérapeutiques. C'est surtout les patients où une hypnose profonde avait pu être atteinte qu'une amélioration notable était le plus susceptible de se produire. Il n'existait aucune corrélation avec d'autres facteurs, comme le degré d'homosexualité, mesurée d'après l'échelle de Kinsey, ni avec les statut marital.

Le traitement d'homosexuels par l'hypnose peut donner des résultats plus favorables que ceux qu'on obtient de tout autre moyen. Les résultats sont d'autant meilleurs que le patient est un bon "sujet" pour l'hypnose.

THE treatment of homosexual behaviour is fraught with difficulty for many reasons. Reports of "cures" or even of measurable improvement are rare, and many psychiatrists believe that the condition is unlikely to show any basic change regardless of methods used. Treatment is often directed at other neurotic aspects of the patient's personality in an attempt to help him "live with his problem". The psychiatrist may even encourage homosexual activity in a patient with these inclinations, if this can be expected to prevent a general deterioration of his neurosis.

It is not always clear why some psychiatrists do not try to change this abnormal behaviour, or why they apparently resist the efforts of others in this direction. These attitudes may be due to the dislike and even abhorrence of homosexual activity shared by the rest of society and also by the acceptance of preconceived ideas about the futility of treatment. Increasing evidence of successful treatment of homosexual behaviour would undoubtedly improve these attitudes.

Modern literature contains few references to successful treatment; two different approaches are those of Hadfield[5] and James.[6] More recent work using the techniques of behaviour therapy has shown some success as described by Thorpe *et al.*,[12] Feldman and MacCulloch,[1] and Gold and Neufeld.[3] Hypnosis was used to treat homosexuality in the nineteenth century; Krafft-Ebing[7] claimed some success. In 1895 Schrenck-Notzing[10] reviewed the treatment results with hypnosis and noted that those who achieved a deep hypnotic trance responded better.

Except for a paper by Gonzaga,[4] there have been no recent reports of hypnotic treatment in homosexual behaviour. If the results reported earlier were so good, it is difficult to understand why the technique was not used more between 1900 and 1960.

The use of hypnosis in exhibitionism has been reported earlier.[8] This work led to consideration of changing homosexual behaviour by similar methods.

Experience in general clinical psychiatry emphasizes the importance of recognizing that homosexual behaviour may be a symptom of an underlying illness and hence part of a more general picture of disintegrated and irresponsible behaviour. Failure to recognize this fact may explain the evident confusion in our concepts of

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its etiology and also the considerable variation in treatment techniques and the diverse results reported.

The problem is particularly difficult in the borderline schizophrenic patient, in whom the psychotic nature of the illness may not be clearly apparent at the outset. Special efforts were made to exclude these patients from the present study. When those excluded were treated for their schizophrenic illness, the homosexual behaviour disappeared along with other symptoms as the illness remitted.

SELECTION OF PATIENTS

The 15 patients selected for this study had a long history of confirmed homosexual behaviour and did not have any detectable underlying organic or psychotic illness. They were seen in the general run of psychiatric practice, and no special effort was made to select them. It was understandable that the majority of patients had a reasonably strong motivation to change their behaviour; this was less apparent in those who had been referred by the courts or were under the threat of legal action. However, no exclusions were made on these grounds.

METHODS

The standard general psychiatric examination was carried out and, where indicated, special tests such as electroencephalograms (EEG); in addition, special emphasis was placed on the history of sexual behaviour. This included not only the determination of factors effecting the onset of the homosexual behaviour and its subsequent continuation, but also an interview under thiopental sodium (Pentothal) to obtain additional information and to confirm that already obtained.

The technique of hypnotic induction was the same as that used in the treatment of exhibitionism.[8] The patient was treated lying on a couch and the hypnotic trance was induced by suggestions made as his eyes, opening and closing, were looking at the ceiling light. These suggestions were that the eyelids would gradually become too heavy to open, and as this occurred a feeling of sleepiness would follow, until a desire for deep sleep was felt. The depth of trance was gauged not only by the patient's response to the suggestions, but also by the degree of spontaneous posthypnotic amnesia. In some patients a satisfactory depth of trance could not be induced.

The procedure was standardized as much as possible, but minor variations in technique were introduced as additional experience was gained. As a general rule, when the patient sank into a deep trance other suggestions of change were gradually incorporated. Initially these concerned physical changes in sensation, with feelings of strength in an arm and hand, the fist becoming tightly clenched and the arm held rigid. If subsequent suggestions of raising and lowering the arm in this rigid position were achieved, suggestions were incorporated of subjective feelings of self-confidence, self-assertion and masculinity.

As the patient's acceptance of these suggestions increased, a change in sexual orientation was increasingly emphasized, with more definite suggestions about attraction to women and aversion towards men. At the same time, explanations of the onset of his homosexual behaviour were given based on the facts previously obtained.

These explanations were kept as simple and straightforward as possible and included statements that a certain degree of sexual uncertainty was normal in the growing-up period, but that, in his particular case, this had been prolonged and deviated in a homosexual direction because of the particular circumstances which affected him at that time. The subsequent satisfaction of his sexual desires in a homosexual way, although unnatural, had been sufficient for the repetition of this behaviour so that a habit pattern had become established.

Once this simple formulation had apparently been accepted during the trance state, it was incorporated with the suggestions of change which had been made previously; it was further suggested that the understanding of the origin of his problem, together with the feelings of change, would be sufficient for him to leave behind the homosexual behaviour and become more and more interested in heterosexual activity.

Post-hypnotic suggestions were made that the feelings of change would continue subsequently.

In those patients who achieved a sufficient depth of hypnosis to accept the suggestions thus far described, further reinforcing suggestions were made. In some patients these took the form of looking back at their homosexual behaviour with feelings of distaste and suggesting at the same time that they actually experienced an unpleasant taste in their mouths. Conversely, when they looked ahead to normal heterosexual activity, the unpleasant taste was changed into something more attractive.

The number of sessions varied greatly, depending mainly on the results achieved. If a change in sexual orientation was reached early, the course of treatment was often quite short,

perhaps six treatments spaced over two or three weeks, with subsequent follow-up at less frequent intervals. With those patients where difficulty was experienced in achieving a satisfactory depth of hypnosis, the treatment was more prolonged and intensive. More prolonged treatment was also necessary in those who, despite an appreciable change in their sexual orientation, had considerable practical difficulties in making heterosexual contact.

Each patient was rated according to the Kinsey scale just before treatment. This rating, as described by Kinsey, is on a dual basis taking into account not only overt sexual experience but also the psychosexual reactions.

Kinsey Scale:

0—completely heterosexual.
1—mainly heterosexual, occasionally homosexual.
2—mainly heterosexual, more than occasionally homosexual.
3—equally homosexual-heterosexual.
4—mainly homosexual, more than occasionally heterosexual.
5—mainly homosexual, occasionally heterosexual.
6—completely homosexual.

In this series the ratings were based on the patient's condition immediately before the treatment was started, and although the previous history was taken into account, it was the sexual orientation at the time of treatment that was actually measured.

The follow-up program, after the initial improvement had been achieved, often included other treatment sessions in the hope that the improvement could be consolidated. Many of the patients lived a great distance away and regular follow-up visits were difficult. Attempts were, however, made to contact them at six-monthly intervals after the main treatment program had ended.

The case histories of these 15 patients are as follows:

CASE 1.—This 19-year-old male had a history of homosexual behaviour from the age of 12, when he was seduced by an older boy and mutual masturbation took place. Since that time he continued homosexual activity with boys and men of his own age, mostly as mutual masturbation.

His interest in the male body commenced at about the age of 3 and had continued ever since. Although he had several girl friends to whom he became somewhat attached, he had little interest in the female body. On one occasion he had heterosexual intercourse "to see what it is like". His sexual attraction to men was much greater than to women. He was assessed as Kinsey scale 5.

Before hypnosis was begun, he had received psychotherapy and drugs without response. He reached a deep trance easily. Hypnosis was used initially in 1960 as an exploratory technique: subsequently, however, it was suggested that he change his attitude on sexual matters, i.e. that he find women attractive and men less attractive.

He had seven treatments in 10 days, but the suggestions were not as strong or as detailed as those given later in the series; and they were not coupled to the patient's sensations of emotional or physical change, or to body movements.

He was seen again in 1961. He still had homosexual tendencies, but felt that these were "not so strong". He was again seen in 1965, when no further change was noted. Further treatment with hypnosis was attempted, a total of eight sessions in two weeks, but a deep trance could no longer be obtained and the patient failed to improve further. He was assessed as a mild improvement. The hypnotic depth achieved in 1960 had been the third stage, and the total follow-up period was five years.

CASE 2.—This 25-year-old man had a history of homosexual activity from the age of 15, mainly as mutual masturbation with other men. He also obtained considerable satisfaction from physical contact, petting etc., with other men, in which he played a passive role. He had had no heterosexual contacts and felt no heterosexual desires. His Kinsey scale was 6.

Under hypnosis the patient was only able to reach a medium trance level (second stage) and never experienced any post-hypnotic amnesia. Despite this lack of hypnotic depth, it was suggested to him, during his fifth weekly session, that his sexual orientation would change. Subsequently he stated that he was less attracted to boys and more at ease with girls. These changes, however, were only temporary, occurred directly after the hypnotic session, lasted a few days and then gradually weakened. Nevertheless, after two months he had "broken off" with his boy friend and did not feel upset about it. He was beginning to take greater interest in girls and engaged in love-play with them and experienced erections.

At the end of six months he had had 15 sessions but had reached a plateau and could not further increase his interest in or his activity with girls.

Hypnosis continued intermittently once each month until he had been under treatment for 18 months and had a total of 25 sessions. At this time he still had occasional homosexual inclinations but stated that he could not engage in any homosexual activity again. There had been no further increase in his heterosexual interest and he had not had sexual intercourse with girls. His result was assessed as a mild improvement and this was confirmed when no further change was noted after a two-year follow-up.

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CASE 3.—This 27-year-old married man had a history of homosexual activity from the age of 14 with mutual masturbation and anal intercourse. He had always felt more attracted to men than to women. He had married about five years before being seen and had enjoyed a reasonably satisfactory relationship with his wife for three years until, by chance, he met a homosexual. This led to a very strong relationship which included anal intercourse in which the patient was the active partner; this relationship lasted for about nine months. The attraction he had for his wife disappeared concurrently and he felt very much in love with the other man. The Kinsey scale was assessed as 4.

He was treated with hypnosis on three successive days and was able to reach a deep trance level. Suggestions of change in his sexual orientation were made; when seen a week later, he stated that a change towards his wife was noticeable in that he now wanted to kiss her again. Two more sessions were given in the next two days, and this was repeated after another week's interval.

He was not seen again until a year later, when he stated that a number of changes had occurred since his previous treatment. He was getting on better with his wife and found a greater return of his excitement with kissing her. He felt that sexual intercourse with his wife was more satisfactory and he was thinking less about homosexual relations. In addition to this he felt there had been a general change in his outlook; he was more masculine in his approach and joined in masculine conversation on such subjects as hunting, which he had never done before. He was also more interested in pin-up pictures of girls and was less flamboyant in his dress. He seemed to be more relaxed at his work and less easily upset by minor stress. He felt that further homosexual activity was unlikely and he was happy to live a normal life in the future. The improvement was confirmed by his wife, who noted a great change generally and in his attitude to herself. Sex, she thought, was also much better. He was given two further hypnotic sessions on successive days with apparent good response.

He was not seen again until another one and one-half years later, when it was noted that he was maintaining his improvement. His relationship with his wife had improved further, but he noted that, although his sexual feelings towards her were adequate, he could not possibly have these towards other women and it upset him to hear other men boasting of their conquests. He had maintained conservatism in his dress, but felt the occasional return of his homosexual ruminations at times. His result was assessed as a marked improvement at the total follow-up period of two and one-half years.

CASE 4.—This 44-year-old single man had, from the age of 27, a history of homosexual activity with pre-adolescent boys. The homosexual feelings had started from the age of 13; he was attracted by boys of the same age, or slightly younger. He had been arrested twice for pederasty, and there had been an act of this kind just before his interview which had prompted him to ask for help.

He had never felt attracted to women and had had no sexual experience with them. The Kinsey scale was assessed as 6.

Hypnosis was unsuccessfully attempted on four occasions and he was subsequently seen at two-monthly intervals, for supportive psychotherapy only. The patient's attraction for pre-adolescent boys continued and his desire for homosexual activity was just as strong. He exercised enough caution, however, to avoid situations which might cause him trouble. After a follow-up period of two years there was no change in his situation although he found it easier to ignore his problem under everyday conditions. He was still masturbating with homosexual fantasies about twice a week. The result was assessed as no improvement.

CASE 5.—This 32-year-old single man had a history of homosexual activity since the age of 12 which included masturbation, anal intercourse and fellatio, usually as a passive partner. The patient never had any steady relationships, just "one-night stands". He had had no heterosexual activity apart from a certain amount of attraction to the opposite sex, but had never got past petting. The Kinsey scale was assessed as 5.

With hypnosis he reached a deep trance by the fourth session at the end of the first week of treatment. Following suggestions made at this stage, he noticed a change in his attitude to men, no longer being shy and passive towards them; he felt some increase in his attraction to women. By the end of the second week of therapy he found, for the first time, that he had erections when with a girl; and he had greater self-confidence. He found a steady girl friend and felt more and more sexually attracted towards her. His first heterosexual intercourse took place nine months later, by which time he had lost all his apparent attraction towards men.

He was assessed as a marked improvement. The follow-up continued for a period of three and a half years, during which time he married his girl friend and found himself quite adequate and confident sexually.

CASE 6.—This 21-year-old single man had a history of homosexual activity since the age of 7 with mutual masturbation and, since the age of 17 had been both active and passive in anal intercourse. From the age of 13 to 17 he had some heterosexual attraction but no experience. Since the age of 17, he had experienced no attraction to girls. He had had psychotherapy at two institutions without result. The Kinsey scale was assessed as 6.

With hypnosis he reached a deep trance level after some initial difficulty—16 sessions being necessary in the first month. He noted a change in his sexual attitude immediately after the suggestions. He first noticed an indifference in his attitude towards men and then feelings of disgust when he thought of his past homosexuality. His improvement

continued during the subsequent sessions, a total of 21 in six weeks. He felt no attraction towards homosexuals that he recognized, and felt considerable attraction towards women.

Follow-up contact one year later showed that the improvement had been maintained, but he still had not had any heterosexual experience. He was assessed as a marked improvement.

CASE 7.—This 24-year-old single man had a history of homosexual activity since the age of 12 with mutual masturbation. He was seduced at the age of 15 by an older man in anal intercourse. He had carried on since that time with homosexual activities with other boys at school and other men. He had formed steady relationships with a number of men at times and, at the termination of his last affair, had become anxious and depressed and decided to seek help. He had never experienced any sexual attraction towards women. The Kinsey scale was assessed as 6.

With hypnosis he reached a deep trance level by the sixth session at the end of 10 days. Immediately after the suggestions were made to him, he noticed a change in his sexual attitude. He rejected homosexual advances from other men; he stopped frequenting homosexual haunts and stated, "I don't want it and I don't know why I don't want it." His previous homosexual friends he found boring, their conversation trite, and he felt their behaviour was ridiculous.

His attitude to women changed and he felt some sexual attraction. There was no sexual activity, however, and the patient remained on this plateau, feeling in a state of "sexual inertia". He was seen approximately twice a month until a period when he was not seen for four months. During this time, he noticed some return of his homosexual fantasies, particularly with masturbation, and he relapsed and formed a homosexual relationship again. This relationship was only a temporary one, however, and he felt much less attraction to the situation than he had on similar occasions in the past. The "affair" ceased after a month and he resumed his hypnotic sessions intermittently. He appeared to show a steady improvement, and his first heterosexual intercourse took place a few months later. He found this to be quite enjoyable and subsequently felt more confident. He had a total of 32 sessions in 15 months and was assessed as a marked improvement. The follow-up period extended for two years.

CASE 8.—This 33-year-old man had been referred for symptoms of depression, but homosexual problems became evident during the interview. His homosexual activity had evidently started eight years previously and included mutual masturbation and fellatio. He had previously felt attracted to women but had never had any sexual experience with them. For the past eight years he had felt no attraction towards them at all. The Kinsey scale was assessed as 6.

With hypnosis he entered into a deep trance state in the first session and, following suggestions, felt a return of his desire for women and no longer was attracted towards men. This took place after only two sessions at the end of the first week. He was given further sessions at approximately monthly intervals, by which time he had a steady relationship with a girl friend for whom he felt strong sexual desires. At the end of the follow-up period of one year his improvement had been well maintained and he was assessed as a marked improvement.

CASE 9.—This 23-year-old man had a history of homosexual activity since the age of 13, when he had practised mutual masturbation, fellatio and anal intercourse, both active and passive. He had been arrested a number of times and convicted previously for his homosexual activities with young boys. He was referred by the legal authorities.

He was able to arouse some desire for women and on one occasion had an erection while with a girl, but no sex play had ever taken place. The Kinsey scale was assessed as 6.

With hypnosis he reached a deep trance by the fifth session at the end of the first week. He noticed a change in his sexual orientation after suggestions made at this time, with increased desires for women and no longer feeling attracted to boys. Follow-up contact one year later showed that this improvement had continued. He stated that he had "lost all taste for homosexual activity" and had in fact tested himself by going to homosexual haunts where he felt uneasy and contemptuous of the situation. He was assessed as a marked improvement.

CASE 10.—This 32-year-old man had a history of homosexual activity since the age of 12 with mutual masturbation. He had never felt any sexual attraction to women; in fact he felt repelled by them. The Kinsey scale was assessed as 6.

Three attempts at hypnosis were made within 10 days, but the patient was a poor subject and not even a light trance state could be achieved. He was finally referred to another therapist for behaviour therapy without any change in his condition.

He was assessed as no improvement.

CASE 11.—This 28-year-old man had a history of homosexual activity since the age of 21 with mutual masturbation and active and passive anal intercourse and passive fellatio. There had been one regular homosexual relationship which had lasted intermittently over the previous two years. He had had occasional sexual intercourse with girls from the age of 19, but none for the previous six months. He found himself much more attracted to men. The Kinsey scale was assessed as 4.

With hypnosis he was found to be a poor subject, and not even a light trance was possible after repeated attempts. His homosexual activity continued and the patient broke off treatment. The result was assessed as no improvement.

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CASE 12.—This 40-year-old man had a history of homosexual activity since the age of 21 and had two court convictions for the offences. He looked for concontacts in public lavatories and washrooms and engaged in mutual masturbation, fellatio and anal intercourse, both active and passive. He had felt some heterosexual attraction and married, at the age of 27, without any previous heterosexual experience. He maintained his sexual attraction to his wife despite homosexual activity, but could feel no attraction to other women. The Kinsey scale was assessed as 3.

With hypnosis he was found to be only a fair subject and never reached a deep trance. After 16 sessions over a four-month period, there was no marked change in his sexual behaviour and his homosexual activity persisted. Further sessions, where he entered a slightly deeper stage of hypnosis, were successful in bringing about some improvement and, from this time on, no further homosexual episodes took place. He had a total of 23 sessions and the follow-up period of four months showed no further improvement. He was transferred to another psychiatrist for behaviour therapy. He was assessed as a mild improvement.

CASE 13.—This 20-year-old man had a history of homosexual activity from the age of 12 with mutual masturbation and fellatio which had continued intermittently ever since.

He felt some attraction to girls, but had never felt any strong sexual desire for them. He had attempted to masturbate with fantasies and pin-up pictures of women, but these efforts were not nearly so effective as fantasies of men. The Kinsey scale was assessed as 5.

With hypnosis he was found to be only a fair subject, reaching a medium trance level. By the sixth interview at the end of a month, however, he noticed some change, which gradually increased with continued sessions at monthly intervals. He became more attracted to women and was having contact with girls, including love-play. He no longer felt an attraction for men and became nauseated with thoughts of homosexual activity. This improvement, however, was not consistent and he occasionally had homosexual ruminations. After reading a magazine article on homosexuality which emphasized the unlikelihood of change and the ineffectiveness of treatment, he had a further homosexual affair. He showed a subsequent response to further therapy, but was still not able to achieve a deep trance state and the suggestions were looked upon as being only partially effective.

At the end of treatment for nine months, a total of 17 sessions, he was referred to another hypnotist in an attempt to improve his response to treatment. The result was assessed as a mild improvement.

CASE 14.—This 35-year-old man had a history of homosexual activity from the age of 7 which had since continued intermittently. In the previous year his homosexual desires had shown considerable increase. From the age of 27 he had had heterosexual attraction, however, and sexual intercourse with girls. He married two years before being seen, but had always found his wife less sexually attractive than men, and this had become more apparent in the past year. The Kinsey scale was assessed as 4.

With hypnosis he was found to be a good subject and reached a deep trance level. He showed an immediate response to the suggestions with increased sexual desire and activity towards his wife. These changes were apparent after the first interview and continued until he was seen again two weeks later. He was given three subsequent sessions on consecutive days and the changes he had previously noted became more apparent. He no longer had any homosexual attraction, although there was occasional worry that his homosexual feelings might return. He had a total of seven sessions in all. On follow-up one and one-half years later, his improvement, which was assessed as marked, had been maintained.

CASE 15.—This 42-year-old man had a history of homosexual activity from the age of 12 which had continued ever since. It included mutual masturbation, fellatio and active and passive anal intercourse. He had had some sexual experience with girls during his adolescence, but had not enjoyed intercourse with them and had not felt any attraction towards them since that time. The Kinsey scale was assessed as 6.

With hypnosis he reached a deep trance level by the sixth session after a 10-day period. After this, he reported a marked change in his feelings and behaviour, no longer having any homosexual desire and now being interested in women. He had seven sessions. At follow-up one year later, the improvement which was felt to be marked was confirmed.

RESULTS

In attempting to assess the results of treatment each patient was classified as "no improvement", "mild improvement", or "marked improvement". This assessment was based on the reduction of homosexual inclinations and behaviour; an increase in heterosexual inclinations and behaviour was also taken into account as added confirmation of a change in sexual orientation.

The depth of hypnosis found significant by other authors is also recorded for each patient (Table I). Results of treatment are correlated with depth of hypnosis in Table II.

Of 15 patients, nine reached the third stage of hypnosis and eight of these showed a marked improvement in their condition. No other patients showed this degree of improvement. The only patient who did not markedly improve in this category was Case 1 with whom the suggestions used were somewhat limited. The three patients who showed no response to hypnosis had

TABLE I.

Case No.	Kinsey scale	Result (degree of improvement)	Hypnotic depth (stage)
1	5	Mild	3
2	6	Mild	2
3	4	Marked	3
4	6	None	Nil
5	6	Marked	3
6	6	Marked	3
7	6	Marked	3
8	5	Marked	3
9	5	Marked	3
10	6	None	Nil
11	4	None	Nil
12	2	Mild	2
13	5	Mild	2
14	4	Marked	3
15	5	Marked	3

no change in their symptomatology. In the three patients who reached the second stage of hypnosis, there was only a mild improvement.

TABLE II.

Hypnotic depth (stage)	Degree of improvement			
	None	Mild	Marked	Totals
Nil	3	—	—	3
Stage 2	—	3	—	3
Stage 3	—	1	8	9
	3	4	8	15

Because of the difficulties in assessing the change produced, the value of statistical evaluation of these results is doubtful. However, bearing this in mind, it can be noted that the correlation between the depth of hypnosis and a marked improvement was statistically significant (Table III).

TABLE III.

Hypnotic depth	Degree of improvement		
	None or mild	Marked	Totals
Nil or stage 2	6	0	6
Stage 3	1	8	9
	7	8	15

$\chi^2 = 11.429$. $P<0.001$.

The degree of the homosexual behaviour did not apparently affect the results achieved. Using the Kinsey scale, there was no significant difference between those with a high score and those with a low score. The influence of the degree of motivation on the results was difficult to assess. Case 9 had marked improvement even though he was referred by the courts and did not appear to be highly motivated. In this respect, it was noteworthy that deterioration took place in two cases when their confidence in the treatment was undermined by outside interference (Case 5 was told by a minister that "he had never seen a cure yet", and Case 13 read a similar opinion in a magazine article).

The effects of marital status were also difficult to determine. In some cases it seemed that the married patients had advantages, not only in at least some residual attraction for their wives, but also because of the knowledge of previous sexual experience and the availability of the sexual partner.

CLINICAL IMPRESSIONS

During the treatment of these patients a number of interesting clinical observations were made.

Concomitant with the limited effectiveness of the therapy in Case 1 (besides the author's inexperience) was the occurrence of muscular tremors in the patient when a change in the sexual orientation was suggested. This phenomenon was observed in the deep stage of hypnosis and the patient had complete posthypnotic amnesia for it. The same phenomenon was observed in Case 12 during the second stage and the patient was not able to go any deeper. These symptoms were thought to indicate non-acceptance of the suggestions, with conflict showing itself in the physical agitation.

Feminine mannerisms, dress, speech and general behaviour indicated homosexual tendencies in about one-half of the patients. During therapy no specific suggestions regarding this behaviour were made, but in some patients quite marked changes were noted when the therapy was successful, particularly in Case 3.

Under hypnosis some patients when told to make a fist did so with the thumb flexed and enclosed by the fingers. As treatment proceeded this "homosexual" fist changed to a more masculine one with the thumb flexed over the fingers; no specific suggestions about this were made. The suggestion made to some patients that they felt a "distaste" for the homosexual behaviour was quite well accepted by some of them although they had a posthypnotic amnesia for it. After treatment one patient spontaneously stated that, on seeing obvious homosexuals, he felt an awful taste in his mouth and felt like retching.

The harmful effect of doubt concerning the effectiveness of treatment on the apparent motivation was striking. Some had evidently been told that there was no possibility of change and they just had to "live with their problem". Many had almost given up hope of any possibility of help. This unhappy state of mind was often brought out more clearly during the inter-

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views under thiopental sodium (Pentothal*) when their anguish was often forcibly expressed. One patient exclaimed with great emotion how he wished to "get out of the hell I am in".

The importance of opportunity for heterosexual behaviour was particularly obvious in unmarried patients, who had little or no previous heterosexual experience. In these patients it seemed to be easier to bring about an aversion to the homosexual behaviour than to induce an interest in women. This feeling was described by one patient as a state of "sexual inertia". Another called it, somewhat appropriately, a "no man's land". The same situation has also been mentioned by others and Solyom and Miller[11] described it as a "sexual vacuum" during behaviour therapy. Freund,[2] in his extensive review of 222 homosexuals, concluded that treatment is most likely to be successful when heterosexual activity is favoured and homosexual activities are inhibited. In the present series, conditions favouring heterosexual activity were often difficult to find and more intensive hypnotic therapy was necessary to compensate for this.

The reaction of previous homosexual companions was interesting. They often became somewhat antagonistic towards the patient, particularly when he showed by his behaviour that he had changed and was no longer interested in them or their topics of conversation, etc. This situation was of some benefit to certain patients (e.g. Case 7), particularly those who were having some difficulty in getting through the phase of "sexual inertia".

DISCUSSION

The reports by Krafft-Ebing[7] appeared to demonstrate considerable improvement in homosexuals after hypnosis. In the data collected by Schrenck-Notzing[10] from a number of different psychiatrists, of 27 patients treated with hypnosis, 21 had a "cure" or great improvement and, of these, 19 reached a deep or moderate depth of hypnosis. The present study confirms these results recorded nearly 100 years ago, if one bears in mind the possible differences in selection, treatment techniques and assessment of change.

The results of treatment with hypnosis suggest that in some patients inherent tendencies and the effects of early environment may be less important than the immediate situation. Regardless of constitution and previous circumstances, some of these patients can respond to treatment and be helped to lead normal and happy lives. It seems that these results can be achieved as easily in certain patients with a high homosexual rating (Kinsey scale) as in those with a lower rating.

Feminine characteristics are often considered to support the hypothesis of constitutional basis for homosexuality. The fact that these characteristics did show a change with successful treatment indicated that they should be considered more as secondary effects than as expressions of inherent and unchanging factors.

That treatment with hypnosis is so effective in some of these people raises other points of interest. Some may ascribe these results to other causes such as the "transference situation". The fact that the third stage of hypnosis apparently has to be reached to obtain the best results indicates that strong suggestion is necessary. Although there are differences between hypnosis and other situations where suggestion is an important factor, there is no doubt that radical changes of behaviour can occur whenever the effects of suggestion are sufficiently strong. The religious and political conversion experiences so well described by Sargant[9] are good examples of the extraordinarily powerful effects that can occur when strong suggestive techniques are used and the more rational functions of the brain are temporarily held in abeyance.

The short-lived and temporary results of suggestion are, however, well known and can be illustrated in everyday life by advertisements, political speeches, etc. From the clinical point of view, the syndrome of *folie à deux* is a good example of the return to rational behaviour after repetitive suggestion has been in operation perhaps for many years. The return of normal mental functioning and the disappearance of delusions etc., after removal from the influence of the psychotic partner, can be attributed, at least in part, to the termination of the suggestion and a return to the use of more rational mental processes.

To maintain the phenomena induced by suggestion, it seems that the suggestion must be repeated at frequent intervals or that some sort of explanation must be included with the suggestion so that it becomes more acceptable to subsequent rational reasoning. The clinical results of coupling suggestions with some sort of rational explanation have been described in the treatment of exhibitionism.[8] The same techniques were used in the treatment described in this paper.

The combined technique of strong suggestions of change when the patient is in a highly suggestible state coupled with explanations which the patient can subsequently accept as rational

*Abbott.

may be one of the most effective methods of dealing with homosexuality and other problems. It should be further emphasized that in selection we tried to exclude patients in whom the homosexual behaviour was a symptom of a definite underlying illness. This should be considered when comparing these results with other studies where this exclusion does not apply.

CONCLUSION

Experience with these 15 patients indicates that, in some homosexuals, hypnosis may well produce more satisfactory results than those obtainable by other means. Patients who become deeply hypnotized seem to have a greater chance of improvement. The possibility of improvement is also increased by certain environmental factors which make it easier for the patient to take up heterosexual patterns suggested under hypnosis.

The assessment of change in these cases was a clinical one and included the patient's subjective attitude as well as his subsequent behaviour. However, objective measurements of change would assist in the planning and conduct of therapy.

SUMMARY

The effects of hynotherapy on homosexuality are described. Fifteen patients, selected from a general psychiatric practice, were investigated and treated. The results of the treatment were assessed and correlated with the depth of hypnosis reached. It was concluded that homosexual behaviour can be changed by hypnotherapy if a deep trance level of hypnosis is reached.

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